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Bib Data Sheet

SERIAL NUMBER 09/654,542	FILING DATE 09/01/2000 RULE	CLASS 235	GROUP ART UNIT 2836 2876	ATTORNEY DOCKET NO. 12627-000520US
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APPLICANTS

Malcolm G. Smith SR., Good Hill, OR ;

** CONTINUING DATA *****

THIS APPLICATION IS A CON OF 09/113,783 07/10/1998 PAT 6,131,816
 WHICH IS A CON OF 09/105,696 06/26/1998 ABN
 WHICH IS A CIP OF 07/871,447 04/21/1992
 WHICH IS A CIP OF 07/342,217 04/24/1989 PAT 5,107,099

O.K.

PT

** FOREIGN APPLICATIONS *****

None

IF REQUIRED, FOREIGN FILING LICENSE
GRANTED ** 10/23/2000

** SMALL ENTITY **

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY OR	SHEETS DRAWING 7	TOTAL CLAIMS 10	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials			

ADDRESS

James F Hann Esq
 Townsend and Townsedn and Crew LLP
 Two Embarcadero Center 8th Floor
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TITLE

DATA SYSTEM

FILING FEE RECEIVED 345	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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BIBDATASHEET

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CONFIRMATION NO. 6237

SERIAL NUMBER 09/654,542	FILING DATE 09/01/2000	CLASS 235	GROUP ART UNIT 2876	ATTORNEY DOCKET NO. ULT-005-2C3C
RULE				

APPLICANTS

Malcolm G. Smith SR., Good Hill, OR;

** CONTINUING DATA ***** *KOF*

This application is a CON of 09/113,783 07/10/1998 PAT 6,131,816
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** FOREIGN APPLICATIONS ***** *KOF*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** SMALL ENTITY **

** 10/23/2000

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Verified and Acknowledged	Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>				

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DATA SYSTEM

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other
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